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Emily

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WHO CARES NOW?



by Carol Romanow

A recent article in the *Times Colonist* makes me wonder if Grace McCarthy really understands what it is like to be a single parent living on welfare. McCarthy made a statement, which she was later forced to modify, that a parent with three children who is receiving a "welfare package of \$15,800 per year," was well provided for. Therefore, the public need not feel guilty that food banks exist for the needy. It seems odd that we have food banks if people are doing so well under the welfare system in B.C.

The figure that McCarthy quotes does not come anywhere near the sum that I receive. I am given \$870 per month by welfare and \$90 per month family allowance, which works out to \$11,520 per year. Medical coverage is available for low income families and prescriptions are covered by Pharmacare. When this is calculated into my benefits, I am now receiving \$12,120. If I am lucky enough to receive child support (which I am not) I would earn another \$1200, as I am only allowed to keep \$100 per month.

In the summer Ministry of Human Resources will allow \$100 per child for camp. If I send my child to daycare while I attend University, I will receive \$88 per month giving me another \$1800 per year. This now brings my in-

come up to \$15,420, which is closer to McCarthy's figure. However, I still receive only \$870 per month to pay rent, feed and clothe my children and maybe take them out for a treat.

My rent is \$500, hydro is \$50, phone \$15, and gas is \$50 for going grocery shopping and driving the kids to school on really ugly days. There's \$615 gone and I haven't bought anything yet.

My nine year old grew out of his shoes again. He went from a size 6 to a size 8 since July (must be feeding him too much). Five dollars will buy him a new pair at the Sally Ann. I can buy another blanket for \$5.

I need to wash clothes and a laundromat would cost \$50. I can wash clothes at my sister for \$25 (thanks for your washer and dryer Wendy and Ron). So now I have \$220 left and another \$20 coming on the 19th of the month.

Unfortunately there is no money budgeted for recreation or for the kids' hot dog day at school. This year I'm telling the kids that Santa got lost in a snowbank. I visit my family or take the kids to play at the beach. This is our exciting life on welfare. Second-hand furniture, second-hand clothes, and second-hand food — not bad for someone who is well looked after!

Dr. Sara Joy David

"FEMINIST JOURNALISM A NECESSITY"

by Bernice A. Marcopulos

Dr. Sara Joy David is a registered psychologist in B.C. and practices feminist therapy in Victoria with both men and women. She was instrumental in the formation of the Women's Centre and the interdisciplinary Women's Studies program at Simon Fraser University.

The Emily: There is a controversy at UVic concerning the necessity of a Women's Centre and the

necessity of the Women's Centre monthly newspaper The Emily. You were instrumental in starting a Women's Centre at SFU and I assume you encountered criticism of your efforts. Could you comment on this issue?

Dr. David: I think they are very necessary as part of a program of correcting a long term inequality of the sexes in university environments where the curriculum and the attitudes of faculty and the students have placed women at a disadvantage.

The Emily: Several members of the AMS Publications Committee have criticized The Emily's current editorial policy of giving preference to women's contributions. One of the male members of the committee feels that "guys and girls" should be equally represented by the paper and if "...a guy writes a superior article — better than any others — why shouldn't they publish that article?"

Dr. David: The first thing I'd say is the The Martlet already exists

for those purposes. The second thing is that until equality is restored, women need and deserve outlets to develop skill and confidence; therefore, The Emily should be viewed as offering a "make-up" opportunity for women rather than withholding anything for men. The final thing I'd say is that all students and faculty, male and female will benefit from the development of women's potential and women's vision.

The Emily: Even if one agrees that The Emily is necessary and desirable, couldn't one still argue that it should not be supported by funds from both male and female students?

Dr. David: If a criticism is about AMS funds coming from out of

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LOOK and Gain Power

by Teresa Sankey
and Judy Andrew

Imagine.

You are waiting in a gynecologist's office. Reagan's face grins up at you from a six month old "Time" magazine. Muzak pours in from the ceiling — "Boston Pops Play the Beatles."

After an hour, the nurse finally ushers you into the examination room. You are told to strip from the waist down and handed a sheet of coarse material to drape over yourself. The nurse rips off a crinkly piece of paper, places it over the vinyl examining table and instructs you to lie there. You wait. The doctor's desk looks like an ad for the pharmaceutical industry.

Fifteen minutes later doctor Y arrives and, without introduction, says — "Hello, Miss X, what seems to be your problem?" Dr. Y decides to "take a look." "Bring your bottom down a little, dear. Put your feet in the stirrups and drop your knees."

You feel cold, vulnerable and powerless. The doctor pulls out a long stainless steel speculum and snaps on a pair of surgical gloves. — "Now just relax."

You crane your neck to see what's going on but the drape is in the way. You feel a cold foreign object forcing its way into your vagina. Your muscles tense in rejection. You say, "oh, that hurts" hoping the doctor will take the hint and go more slowly. Dr. Y asks, matter-of-factly — "do you normally have pain during intercourse, dear?"

You think, "Is this the medical profession's idea of sexual intercourse?!"

Six minutes later you leave with a drug prescription written in unintelligible Latin. You are none the wiser about the possible causes of your "condition" or how to prevent its recurrence.

This experience shared by many women epitomizes the ignorance and paternalism the medical establishment displays toward women and female sexuality. The Women's Self-Help Movement was set up to provide women with an alternative to the alienating male-controlled medical profession. The Self-Help movement challenges the allopathic medical model which emphasizes disease and illness, rather than the maintenance of health. Self-Help Clinics, like the one run by the Vancouver Women's Health Collective, provide women with the opportunity and the information so that we can learn about our bodies in a supportive environment. Through this process, women can demystify, and therefore reclaim, our sexual organs. We can become informed consumers and active participants in our own health care.

Through self examination with a speculum, a woman is able to become familiar and comfortable with not only the way her body — vagina, cervix looks, but how it acts and changes throughout her monthly cycle. By coming to know the smell and texture of her normal secretions, a woman can detect any abnormalities. She can catch an infection in its early stages and use a home remedy to treat it. For example, yogurt tablets for yeast infections and garlic suppositories for bacterial infections have proven quite effective.



Because most women have never seen their cervix and vaginal walls, their first self-examination is an empowering experience. The use of a plastic speculum enables a woman to see her vaginal walls, whereas a stainless steel one does not. She is encouraged to experiment with different techniques of inserting

a speculum and then choose one most comfortable to her. Self-exam breaks down barriers between women. We begin to realize how much we have in common as well as our differences. We are able to see and compare our cervixes, vaginas

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fiction

EIGHTEEN DAYS

by Kathryn Ogg

"You know I'd never do anything to hurt you," Will's voice came over the telephone.

Sharon had to acknowledge that. She revised the statement and repeated it.

"I know that you would never knowingly do anything to hurt me, Will."

"What's that supposed to mean?"

"I can't talk right now. My father just got home. I have to get off the phone."

"Do you want me to come over?" he asked.

"Not tonight," Sharon told him, "I have to get some sleep. I'm exhausted after that economics exam today. I studied so hard for it, but I didn't know the answers to half the questions. My brain just doesn't want to comprehend that stuff. Now, I have a paper due on Monday and I haven't even started it."

"Well, how about tomorrow? I could meet you at the pool after work."

"Well . . . okay," Sharon answered. The pool had

been one of their favourite places to talk, the anonymity of the place ensuring privacy they could not find at home. "I'll be there at five."

She hung up the phone and went into the washroom. Sitting down on the toilet, she glanced swiftly at her underwear. Nothing. She supported her swollen breasts in her hands, rocking herself gently back and forth. Tears filled her eyes. She stood up and gazed at her reflection in the mirror. Her own familiar face looked back at her. How could something threaten to change your whole life, she asked herself, and not change the way you look?

Sharon went into her room and sat down at her desk. She picked up a book and began to read. The words swam before her eyes. Opening her drawer, she took out a calendar and studied it carefully. Her last period had been on the 24th of August. It was now the 12th of October. She was eighteen days overdue.

Sharon sat in the waiting room of the doctor's office. She was reading an article on young female executives and why they had opted for careers instead of marriage. She found it hard to keep her mind on the article. Next to her, a young woman cradled a tiny baby, while attempting to keep a toddler from emptying her purse onto the floor.

"Sharon Wheeler," called the receptionist. Sharon followed her down the hall to a small examining room.

"Now, this is a pregnancy test, is it? We'll just get a blood sample and do the routine exam, if you'll take off your clothes and put on this gown."

She left the room. Sharon put on the gown and sat down. She studied the certificates on the wall. Anne Lindsay, M.D., member of the B.C. College of Physicians, specializing in Family Medicine. She had been Sharon's doctor since she was a kid, a kindly, pretty woman, who often seemed overworked. Now she walked into the room.

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Eighteen Days cont'd.

"Hello, Sharon." She studied the chart in front of her, looking puzzled. "Are you really here for a pregnancy test?"

"Yes," Sharon managed to say, her throat constricting suddenly.

"Well . . . Excuse me. I just didn't realize that you were . . . well, old enough, I guess."

"I'm eighteen."

"That's right. You started university this fall, did you not?"

"Yes."

Anne leaned back in her chair, studying Sharon carefully. "Would you mind telling me how this happened?"

Sharon thought back to that night in early September. It seemed so long ago, almost unrelated to what was taking place in her body right now.

"It was the first time I had ever done it — made love, I mean. My boyfriend had been trying to talk me into it for months, but I was afraid to do it."

She hesitated, remembering those long discussions, which often ended in physical tussling, wrestling, and ultimate frustration. It had been her own curiosity finally, that had tipped the balance.

"Were you using any birth control?"

"Will had a condom," she replied. "He insisted that it would work — it's the oldest form of birth control," he said."

"Condoms are only seventy-five percent effective," Anne said, "unless you use them with a spermicide."

"My friend Julie told me that she's done it lots of times, without using anything, and nothing has ever happened."

"Your friend has been just plain lucky," Anne told her. "How would you feel about the prospect of having a baby? Have you considered it at all?"

"Not really." Sharon had been hoping to find that it was something else, a trick, a misunderstanding that would be quickly set right.

"Can you talk to your parents about it? Your mother . . ."

"You know how hard Mom tried to get pregnant with Joey. I don't think she could understand that this just isn't the right time for me to have a baby. I want to have a baby when I have something to offer it, I don't want it to be an accident. I want it to be wanted, not just something that happened to me."

"Well, I guess we'd better take a blood test and find out the score. But first, I'll examine you."

Sharon climbed up on the table. "When was your last period?" the doctor asked, her latexed fingers groping and prodding. "How long is it usually, between periods?"

Sharon forced herself to answer Anne, but her mind was a turmoil of her own questions: "What am I doing here? What is going to happen to me? Will there be life after pregnancy test?"

"It feels like a six week pregnancy," Anne said, "but we'll know for sure in a couple of days. Meanwhile, I would advise you to think about what you want to do, if you are pregnant."

"My father would hit the roof. He's just put out the money for my tuition fees. And my mother has warned me for years about getting involved with boys. I don't think they have a clue, that this might have happened." The tears were brimming over her eyelashes. She felt incapable of telling her parents.

"Perhaps you could bring your mother with you when you come back to see me. Then we could talk about it together, and it might be easier for you."

"Okay, well, I'll think about it."

"Stay here as long as you want, until you feel comfortable about going to the lab for your blood test." Anne left the room.

Sharon had never felt less comfortable in her own body. Suddenly, the same house of bones and flesh that had carried her all these years seemed like a traitor, an enemy. Her eye caught a pamphlet sitting on Anne's desk.

"To be really sure . . ." it said. It showed a picture of a man and a woman in a passionate embrace. There was no secret about what they were going to do. Sharon reached for the pamphlet and opened it. "Warning—" it read, "some women experience the following side effects from the sequential birth control pill: headaches, nausea, soreness in breasts, increased tendency toward thrombosis . . ." Sharon suddenly felt as though she was going to throw up.

She left the office and ran into the bathroom, barely reaching the basin in time.

Sharon felt plump as she walked in her bathing suit to the side of the pool. It was to soon to be showing yet, still it seemed that it must be obvious to everyone.

Will waved from the jacuzzi. She made her way to the spot beside him.

"It says on the sign that pregnant women should consult their physician," he said into her ear.

"Well, if it would change things, I would be happy. Then I wouldn't have to make the big decision."

Will eyed her warily. "Are you sure you're actually pregnant?" he asked.

Sharon leaned back and closed her eyes. "I don't see what else it could be." She told him about her visit to the doctor. "She thinks I should talk to Mom about it." Sharon tried to imagine her mother's reaction.

"So what will you do?" Will was asking.

Sharon felt a shock of realization at his words. What would she do? Not what would they do, but what would *she* do. She held back the tears that now seemed a constant unbidden reaction to everything, and heard her voice say calmly, "I guess I will cross that bridge when I come to it."

"Well, I'm sorry, Sharon. But you know I'm in no position to have a child right now."

"Look, let's just forget it, Will." Sharon pushed herself out of the water and strode quickly toward the change room. She dressed quickly and set off toward the exit door. Will was standing in the foyer, waiting for her. Outside, the rain poured down in relentless sheets.

"Could we go somewhere and talk about this?" he asked as she pushed past him and out the door.

"I don't know if I can talk about it right now, Will. I don't feel very reasonable. I just feel really angry with myself and with you."

"It was just an accident! Nobody is to blame. I mean, it's a drag, but who would have thought that you would get pregnant from that one time?"

"It happens," Sharon said grimly, although she had asked herself the same question. "It's an accident, sure, and nobody is to blame, but who has to pay the price?"

"Well, I can't help that! You could have gone on the pill or something, but you were always making out that you didn't want to do it. Then suddenly one day you change your mind, and we have this accident, and now I'm to blame! At least I had a condom handy . . ."

"For all the good it did!" countered Sharon. She flung out the question that had been on her mind since that night, "Why didn't you notice that it had fallen off?"

Will appeared confused for a moment. "Well, I . . ." he began, ". . . I just wasn't paying attention at that point. It just felt normal . . . I wasn't thinking about it anymore, once I had put it on."



Emily Stowe

(1831 - 1903)

Emily was the first woman to practice as a recognized doctor in Canada. She received her training in the States in 1867, at the New York Medical College for Women. Women were not accepted into colleges in Canada. She finally received recognition for her training (she became licensed) in 1880.

Celebrate women in History.

EFFECTS OF FEMINISM ON GENDER ROLES

by Carole Fast

The feminist movement and its effect on men's role in society was the topic discussed at the October 16 Inter varsity Christian Fellowship meeting.

Katherine Scrambler, graduate of the University of Alberta, Faculty of Law, and Pastor Gord Patterson, of Western Community Baptist Church, were the guest panelist. Both participants gave personal testimonials as to their metamorphosis from the traditional fundamental belief of the submissiveness of women to men to that of equality.

Scrambler felt that the feminist movement had both positive and negative effects on

society. She said that the feminist movement was influential in declaring women as persons fifty-five years ago, as well as making society more aware of the injustices towards women. Scrambler felt that many women have reacted to these injustices in a hostile way, and that his behavior is negative, and thus, not "Christ-like."

Patterson agreed with these statements. He said "...every movement has some perversions along with the good." Patterson felt that injustices have been done to women; however, he questions the motives of persons making derogatory statements about men and society.

Patterson stated that the roles of women and men as defined by the church are culturally conditioned, not scriptural.

There was limited input in the form of questions and answers from the student body. One male member seemed convinced that his portion of scripture defining women's roles was from the mouth of God, rather than man's interpretation of the original biblical transcripts.

Intervarsity Christian Fellowship is an interdenominational organization

WHAT IS FEMINISM?

a personal view

As feminists, we have each been moved by the women's movement in a unique way. It has changed our lives. It has made us review our needs and our goals. We have had to re-learn our strengths and intuition. Through the women's movement we have received support and we have had hardships. We have experienced both joy and sorrow through the revelation of women's potential — our potential — and women's history — our history. Feminism is a process. Each one of us has internalized our own very personal concept of what feminism is. It is both unified and diverse. We all agree that there is a political, economic and social imbalance between the sexes. Yet how we choose to manifest our feminism is as different as our backgrounds.

I used to be afraid to called a feminist because I didn't understand what it meant. I was ignorant of the facts and was guilty of labeling and name calling. The feminist movement allows me to express myself as a woman, to have my own likes and dislikes and to still be accepted as a equal.

So, a radical feminist has made a few decisions:

- 1) She identifies with other women and sees their lives and herstories as part of the fabric of her own life;
- 2) She knows the 'personal' is 'political' and tries to lead an ethical life based on the best of her present knowledge;
- 3) She is actively engaged with other women in reclaiming and rediscovering the values and images of womankind rather than those imposed on us by men for the advancement of the patriarchal order;
- 4) ~~She is trying to understand the difference between the use of power 'over' someone and power 'from within'.~~ She knows that power isn't something that we get more of by taking it away from others, rather it is something that we all have the more we know about ourselves. She is probably joining with other women to create meaningful rituals to reclaim this power in order to put it to use in her life and to enhance life around her.

Feminism means I don't have to dance backwards all my life.

Feminism is the exploration of the sometimes underrated positive aspects of womanhood. Feminism is the promotion of these aspects by the casting out of old "feminine" ideals. Feminism is also the not-so-polite seizure of entitlements for the benefit of all humankind.

Feminist Pride!

Feminism is much more than a label. It is a life style that is committed to change, and to righting the injustices women face. Many women enjoy the fruits of the feminist movement, such as the right to receive an equal education, or the right to make their own decisions but are not willing to contribute positive energy towards continued change. No one will do it for us. I'm proud to be a feminist, because it might mean my daughter will have even greater opportunities.

Feminism enables to openly express my love for other women. My feminism validates my lesbianism and vice versa.

Feminism is the striving to free men and women from the chains of prejudicial thought regarding male/female roles — FREE TO BE YOU AND ME!!!!!!

Feminism is the rethinking of soc structures. It is the definition of ourselves, women and men, as individuals working toward a non sexist culture.

A feminist is not anti-male, she antimisogynist.

Feminism is the recognition that human beings should be liberated from prejudices and restrictions based on sexual differences.

A feminist is a person who works at all levels of interaction to promote and further such recognition.

Feminism is a process which has taken place since time began for human beings. It is natural, organic and metaphysical. Sexual dimorphism (the two forms of a species, eg. male/female), has created a social framework which fosters behavior or conditions which stereotypes males and females into social roles which have led to prejudice or discrimination solely on the basis of sex. Exploitation (sex/exploitation) occurs regularly in the media. Unfortunately, it is the female of our species which bears the brunt of the common and implausible stereotypes, sexual harassment, discrimination and the misogyny which plagues the female today.

Feminism is the demonstration of compassion toward our downtrodden sisters and the enlightenment of our brothers.

I am a feminist. On a very personal level for me feminism is being able to acknowledge and accept my abilities and capabilities as a person, and to acknowledge and accept the abilities and capabilities of all other people.

Feminism in the 1980's is striving towards a harmonious balance between the sexes — that men and women seek to treat each other with mutual respect and concern over each other's well-being. There may be a time for conflicts but there is also a time for love and forgiveness. A man or woman that never made a mistake, never learned anything. To learn by our mistakes is to grow and to err is human.



DAYCARE

by Nanny Porridge

The Canadian Day Care Advocacy Association is a non-profit organization dedicated to the evolvement of accessible, affordable, high quality day care services for Canadians. The Association is a network of child care advocates, such as parents, day care workers, labour groups, and women's organizations across the country.

Recently, the Association made a presentation to the Task Force on Day Care, set up by the Tory government. The presentation was based on responses to questionnaires regarding day care concerns, distributed last September through family allowance cheques. Responses numbered 500 per day for over 3 weeks. At present, day care is not universally accessible and operates on a welfare-based, user-fee model.

Inadequate care of children today is an urgent social problem. It is described by representatives of social services, educational institutions and day care associations as a "crisis." According to *The CDCAA Story*, "while Canadian society and families have gone through major transformations, governments are prescribing 19th century remedies for today's problems."

The Association is an advocate of parental choice. The choice for a mother of young children may be to stay home. She may also need access to the official job market. No parent should be denied equal opportunity in the labor force. CDCAA: "Our view is that an enlightened, modern society provides a range of service options which permit parents to make intelligent decisions about child care. Canadian parents are now denied this choice."

Quality child care is an essential community service which requires a respect for the needs of parents, children, and child care providers. Direct funding is needed to support day care services for all regardless of income. Parents cannot afford to pay the amount actually needed to fund a day care centre. Day care workers should not be forced to work in inferior working conditions for dismal pay. Children deserve the very best society can offer. The CDCAA feels federal and provincial governments must "... acknowledge the interface which exists between our lives as parents and members of society who work, go to school, and live public lives."

Lucille MacKay is willing to speak to individuals or groups regarding day care issues and the CDCAA. She is available through UVic Day Care Services, Centre No. 1

THE PURSUIT OF THIN:

A HIDDEN EPIDEMIC

by Kim Balfour

Anorexia Nervosa is a woman's disease, an upper middle class woman's disease. It is a radical rejection of healthy eating. It is systematic self starvation.

Anorexia Nervosa is characterized by an abnormally low body weight (defined as a 25 per cent reduction in original body weight), an attitude and behaviour that maintains low weight, and the loss of menstruation. Secondary characteristics may include: slow pulse rate, excessive fine body hair, periods of overactivity and bulimia (self-induced vomiting).

Nintey-five per cent of all reported cases of Anorexia Nervosa are women between the ages of 15 and 20. In a 1983 survey of American college women (normal weight, anorexia-like, anorexic), all the women experienced their hunger as exaggerated and obscene. Nearly all normal weight women exhibited anorexic-like behaviour, and 12 per cent of the anorexic women used drastic weight control techniques. At the beginning of this century 15 to 20 per cent of reported anorexics starved to death. Today, increased awareness has reduced that statistic to between one and five per cent.

Most anorexics come from middle class families that tend to be over protective, success oriented, preoccupied with appearance and fitness and, in some cases, directly involved with the food industry.

Anorexics fall into two categories: abstinent and bulimic. An abstinent anorexic diets in the context of abnormally low body weight. She consumes less than 1000 calories per day and will avoid eating with others at conventional mealtimes. Her own eating pattern is often erratic and actual consumption can be a ritualized and lengthy process. Food preparation, especially for others, becomes singularly important to the abstinent anorexic.

A bulimic anorexic overeats and purges through self-induced vomiting or the abuse of laxatives, diuretics or amphetamines. She is normally an abstinent anorexic who has succumbed to her overwhelming hunger. She vomits to relieve the physical discomfort and guilt. Purging then

becomes insurance against weight gain normally associated with overeating. She will usually binge on fattening, carbohydrate-rich foods.

The bulimic anorexic tends to have less control over her appetite and be more impulse-ridden than her abstinent counterpart. She must maintain a precarious balance between caloric intake and purging. She has to decide how much to throw up, when and where to do it. If any stability is achieved, it is short-lived. Bulimic anorexics, however, account for 25 per cent of all reported cases of anorexia.

Anorexics in general are obsessively preoccupied with exercise. They have an unusual capacity for physical exertion that seems at odds with their undernourished state of health. Some biologists draw a parallel between the hyperactivity of anorexics and the instinctual drive of half-starved animals to keep moving in search of food. For the anorexic, thinness is unquestionably tied to fitness, which is in turn a precondition of beauty. Weight loss is seen as the only fool-proof approach to glamour, as defined by the media and popular culture. Anorexics modify the equation so that personal power equals self-control equals weight loss equals thinness equals health and beauty.

This attitude is one predisposing factor of anorexia nervosa. Precipitating or trigger, factors are usually specific to the anorexic's life such as dissolution of the family base, the onslaught of adolescence, rebellion against parental expectations, comments from friends, or weight loss through secondary physical illness. The majority of women become anorexic through dieting. They achieve the "correct" weight and continue dieting to achieve the "ideal" weight. If the sense of satisfaction that arises from suppressing hunger is rewarding, weight loss then becomes an exercise in self control. The original, precipitating factor is just a secondary rationalization for excessive dieting.

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THE PURSUIT OF THIN can't

There is no known medical or psychological disorder that accounts for Anorexia Nervosa. Dr. R.L. Palmer, author of *Anorexia Nervosa: a guide for sufferers and their families*, feels the most comprehensive explanation offered to date is the Psychobiological Regression Theory, which analyses the biological effects of nutritional deprivation in a psychological context. The bottom line is that an anorexic regresses physiologically to a pre-pubertal state, thereby withdrawing from the emotional and biological tensions of adolescence.

Recent studies have confirmed there is a close link between the onset of menstruation and a particular body weight. The existence of a critical body weight has been difficult to detect because puberty is, essentially, irreversible. Yet the biological changes that normally accompany low weight and a disordered diet — as in Anorexia Nervosa — indicate the presence of a weight sensitive mechanism in the brain which produces a chain of measurable effects in the neuroendocrine system. This critical weight has been set at 47 kg. When a woman's weight falls below this level certain hormones are not released by the hypothalamus, pituitary gland and ovaries which control ovulation and menstruation. The hormone status of an anorexic woman closely matches that of a health nine-year-old child. Therefore, neuroendocrine changes brought about by nutritional deprivation create a psychological environment for the woman that justifies her eating behaviour.

Eating patterns of most women range from abstinent and bulimic anorexia through chronic dieting to normal eating where women are content with their body image and maintain the same weight for many years. This eating arc traces women's obsession with weight gain from a guilt-ridden phobia to mild annoyance.

The counselling centre at UVic sponsors an Eating Disorders support group which meets weekly to discuss the eating behaviours of individual women, provide support through a buddy system and raise awareness of eating disorders in general. Clinical psychologist Mary Jane MacLaughlan advises women to contact the counselling centre before attending any of the sessions.

The Emily spoke to one woman in the Eating Disorders group who characterized herself as an "ideal weight bulimic." For six months in 1983-84 she binged and purged regularly to lose weight. When she entered university in 1981-82 she weighed 118 lbs; at the



PABLO PICASSO. *Girl Before a Mirror*. 1932.

end of first year she weighed 150 lbs. Weight gain was attributed to residence food, living away from home, the stress of school work and the emotional turmoil surrounding the death of one parent and the remarriage of the other. Until third year, she tried to control her weight through dieting and exercise, but neither technique worked.

After reading about bulimia and experiencing digestive difficulties related to a secondary physical illness, she began purging food. She continued this behaviour for six months, noting a direct correlation between stress, loneliness and boredom, and the frequency of her bingeing/purging. When depressed she would binge on breads,

sweets and occasionally raw oatmeal. She was a closet binger and often lied about her purging. Throughout the six months she practised bulimia, she maintained an exhaustive exercise regimen and often punished herself for bingeing by over-exercising.

The turning point came after she was caught purging, lied to explain the situation and felt incredible remorse afterward. She sought medical help and is now continuing clinical and peer counselling at UVic. She weighs 138 lbs., exercises rigorously and has given up her "ideal" weight of 118 lbs., settling instead for a healthy 135 lbs. She stands 5'6" tall.

Normal. None of it had felt normal to Sharon. Her curiosity had quickly changed to disbelief and discomfort. "So this is all there is to it?" was the thought that surfaced in her consciousness, "this is what it's all about?"

"I've never cried so much in my life before," she said, "I hardly know myself anymore. It feels like aliens are living in my body." She felt a shock at the truth of that last statement. Uninvited organism, uninvited feelings — her life now revolved around this mistake for which no-one was to blame.

"Will you be home tonight, Sharon?" Ruth Wheeler asked at the dinner table. "Your father and I are invited over to the Spencer's to play euchre, and I was hoping you would babysit Jeff."

"Sure, I'll be home," Sharon answered automatically, "I have to study for a psych. test tomorrow." She stared at the pork chop on the plate. Her stomach churned with nausea.

"Just make sure you really study," her father said in his irritating way, "and don't spend the night talking on the phone."

Anger rose in Sharon's throat and she turned to her father. "When are you going to realize that I'm almost grown up?" she asked him, "why don't you leave me alone?"

Sharon pushed her chair away from the table and rushed to her room. She threw herself onto the bed, sobbing. After a few minutes, her mother knocked on her door.

"Just go away!" she called.

The door opened, and her mother's worried face appeared.

"Sharon, what is wrong? Your father didn't mean to upset you. He's just concerned that your schoolwork will suffer if you don't settle down to it. He only wants you to be successful and to get good marks, as you always have done. It's a lot harder than when you were in high school, and he knows that. He only wants the best for you."

"I know that, Mom," Sharon said to her mother, "I just don't need his criticism and comments that make me feel like he doesn't trust me. I'm not a child anymore. I have my own life to lead, my own decisions to make. Sometimes I just don't feel like I can live up to his expectations."

"All your dad really wants is for you to be happy."

This was a familiar reassurance, but tonight, the prospect of happiness was nebulous. Sharon turned to look at her mother. A slight, fair woman with greying hair stood in the doorway, looking anxiously back at her.

"This is my mother," Sharon realized, suddenly aware of the protective feelings she felt toward this woman, her mother. She resisted a strong urge to go to her mother and put her arms around her.

"Okay, Mom. It's okay. I just want to be alone now." Her tears were too close to the surface to risk such comforting contact.

"If an abortion is your choice, then you'll have to see another doctor," Anne Lindsay was saying. "I don't do abortions."

"You don't?" Sharon had assumed that Dr. Lindsay would be there. Although there was no sense of disapproval in her voice, the fact that she wouldn't perform the operation felt like abandonment.

"If you want, I can refer you to Marjorie MacKay. I know she makes it part of her practice. You'd probably like her, she's very sympathetic and sweet. You can talk to her, I'm sure she'll understand."

"Okay," Sharon was still recovering from her disappointment. "Why don't you do abortions?"

"It's just not part of my practice," Anne replied, "but I can explain the procedure. Once you see Dr. MacKay, she will put your case before the abortion board at the hospital. If they approve it —"

"Is there a chance that they won't?" gasped Sharon.

"The law says that the physical or mental health of the woman must be threatened by the pregnancy. But you can be reasonably sure that Dr. MacKay will convince the board that this is true in your case. One can never be completely sure of this. I think that your age and the fact that you tried to prevent the pregnancy will have some influence on their decision."

Sharon felt numb. "It feels like my fate is in the hands of strangers," she said finally.

"Have you spoken to your parents at all?" Anne asked.

"No, I decided not to. It seems easier just to keep it to myself and not upset them."

"How does your boyfriend feel about it?"

"I haven't seen him for a while. I think he's avoiding me. Or maybe I'm avoiding him."

"Well, you should start thinking about what kind of birth control you're going to use in the future. If you're going to start on the pill, you should start five days after the operation."

"Sharon was silent, remembering the list of side effects in the pamphlet.

"I assume that you will want to go on the pill," said Anne.

"I don't intend to, actually. There are too many risks involved with it. What else is there to choose from?" asked Sharon.

"Well, there's the I.U.D., it's almost as effective as the pill."

"Isn't that the thing that's caused all these injuries and sterility in women? Perforated uteruses, from the Dalkon Shield, I read about it in the paper."

"Yes, that's true. But there are other ones that aren't dangerous."

"No, I just don't want a foreign object in my body. Isn't there anything that works well and doesn't do any harm?"

"The diaphragm with spermicide is about 93% effective. Used with a condom, it's fool proof protection."

Sharon had a sudden image of she and Will, emerging simultaneously from their respective dressing rooms, wrapped and implanted with rubber and chemicals, prepared for the event. An irresistible giggle escaped.

Anne studied her face.

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"I don't think I'll need any of that stuff for a while. Right now, I don't have much interest in sex."

"Understandably," Anne replied with a wry smile, "but if you want to talk about it later, that's okay. Meanwhile, I'll refer you to Dr. MacKay."

Sharon huddled in the bus shelter, pulling her jacket around her. Two feet away, the rain came down in sheets, bouncing back off the pavement. She shivered, protecting her still painfully swollen breasts with her arms. "One more day," she told herself, "one more day, and it will be over."

The two weeks since she had visited Dr. MacKay had seemed like months. Finally the office had told her that the board had given its approval.

"Come to the out-patient clinic at 7:30 in the morning, next Tuesday. Do not have anything to eat or drink after midnight," the receptionist had told her.

It was now early November. The sky was growing dark. That night in September seemed like it took place in another era, possibly on another planet.

"Hi Sharon!" came a familiar voice. Julie had come running into the shelter, her long fair hair dripping. "God! It's miserable out there! How's it going?" She stopped suddenly, taking a good look at Sharon's face.

"Hey, are you feeling okay?"

"Not really," answered Sharon. She felt the weight of these weeks of secrecy — not being able to tell her parents what was happening, lying to her instructors about why she had to miss classes. She had told no one except Will and the doctors. "Oh, Julie, I feel terrible!"

Sharon struggled to keep back her tears. The shelter filled with people. Julie took her by the arm, and pulled her over to a corner.

"What's going on? What's the matter?"

"I've gotten pregnant," Sharon managed to blurt out.

"Oh, no! What are you going to do?"

"I'm having an abortion tomorrow."

"Wow! That is heavy. God, I can't imagine what I'd do," Julie looked worried suddenly. "My period is overdue right now . . . but I'm sure it will come. Oh, how awful for you!"

The bus wheeled into the terminal. As they moved toward the doors, Sharon realized again how alone she felt. This was a common experience, like dying, you hear about it all the time. It's not supposed to happen to you. Your best friends would rather not talk about it. She wished she had another language to use, to express how she felt.

The two women took a seat near the back of the bus.

"So when do you have to go, tomorrow?" asked Julie.

"I have to be at the hospital at seven-thirty."

"Is Will going with you?"

"No, I told him I'd rather he didn't. I just can't relate to him now."

"Oh, I wish I could be with you! I have a chemistry exam in the morning."

"It's okay. It's good of you to offer." It felt so good to talk about it at last, Sharon rushed on, "I have to miss a three hour computer lab, and I'm failing already. Jenkins just about took a fit. I told him I had to have emergency surgery done — on my wisdom teeth. You should have seen him examining my face. I guess he was looking for swelling." Sharon shook her head, remembering, "I know I can't afford to miss the class, but really . . . I just hope I can catch up, once this is all over."

"Well, if you want, I'll come to the hospital after my exam, and see how you are. When you're ready, we can leave together and I can go home with you. Do you want me to?"

Sharon felt a warm rush of appreciation for her friend.

"Thanks, Julie, that would be all right. It's nice of you to do that."

"No problem. It could be me . . ." Julie's eyes shrouded over again with uneasiness.

Sharon's stop was coming up. She pulled on her raincoat and stood up.

"Well, thanks. I'll see you tomorrow, then?"

"Yes," answered Julie, "you will."

Sharon stepped off the bus. The sun had emerged in the western sky, from under a thick blanket of clouds. The rain was dissolving into a soft mist. She threw off her hood, feeling almost happy.

When she saw Julie tomorrow, she would be on the other side of all this secret anguish. It would be over; she could resume her own life again. Not that she would ever be the same, Sharon knew with sudden clarity. The world was a different place for her now. She would never see things in the same way again.

Tomorrow, though, she would repossess her body. She would be herself again, and only herself.

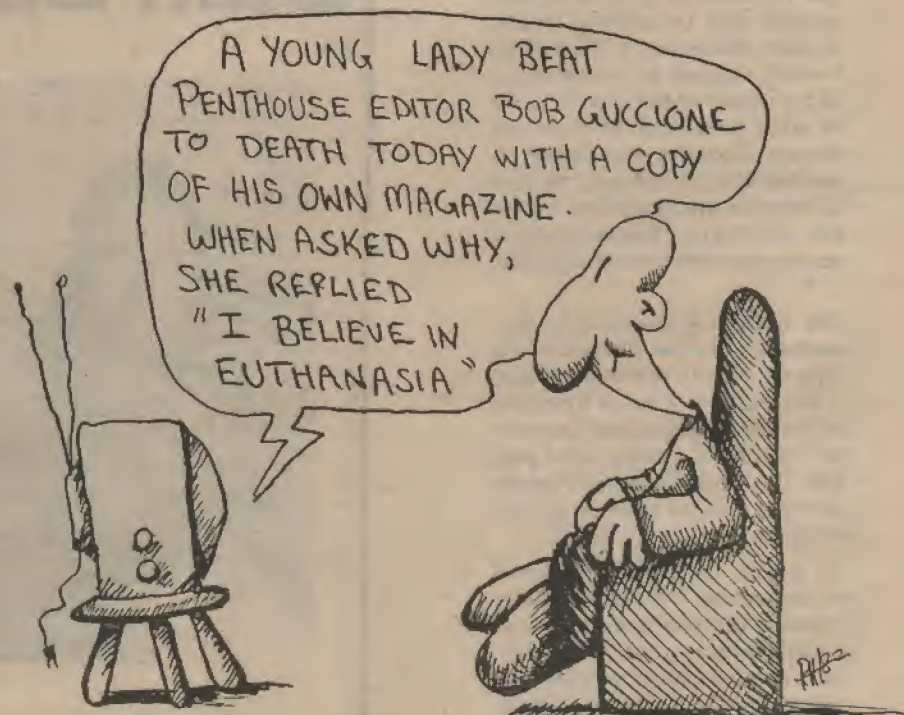
For further information about Birth Control contact The Women's Centre Rm. 106, SUB, or Health Services.

Self-examination

and outer genitalia with other women. We learn that these differences are normal and express our own individuality. Through this process we expose the lie that our vaginas are dirty, oozing cavities. We can begin to define our own sexuality and challenge the culturally conditioned fear and hatred of women's bodies.

The reaction of the medical establishment to this movement has been expressed in attempts to destroy or trivialize women's efforts. For the Self-Help Movement threatens the profits now reaped of women's bodies by the drug industry and challenges the authority and practices of the medical profession. Ultimately, as part of the overall Women's movement the self-help movement challenges the male domination of women's bodies and lives.

Knowledge is powerful. To learn about our bodies is to learn about ourselves.



REPRINTED FROM THE EMILY 1982

Mature Women Students

by Charlotte Ostrowski

Some mature women returning to school for post-secondary education appear to be having few problems. Others are having some major conflicts.

Donna (not her real name, all names have been changed) is a native woman in Arts and Sciences. She has been out of school for 10 years and finds her first year very hectic. It has, however, made her see herself as a more complete person.

She is a single parent who started out as a housewife on welfare who felt it was a dead-end existence. She also had to face serious discrimination on the reserve where social services are far behind that of the rest of Canada: she was expected to survive on \$150 a month. This and the fact she thought she was mentally capable of University made her decide to apply for student aid and attend UVic.

Aid from Indian Affairs was not enough; and going to Financial Aid made her feel "shy, uncertain and native."

In classes too, she is sometimes frustrated. She is upset over the prof's misconceptions about Native people. She often feels like arguing.

Yet, now that she has started

her education she is optimistic that she'll be able to finish her education and repay her debts. Donna says, "I have my boys to consider."

On the other side of the coin is Carol who is specializing in Psychology of Education at UBC. She received her masters in 1967 but did not return until 1983. She finds it easier now because her children are all grown and she has no household to worry about.

She finds she is taken more seriously now that she is getting her doctorate but she is still bothered by the sexual innuendo and patronizing attitudes of some of her male profs. She also feels that some of her profs are poor teachers because they are "treading water" waiting for retirement.

Marion, like Carol attended UBC in 1967 and enrolled in the Faculty of Education, Elementary "because women were expected to be in that faculty." The attitude of some of her male profs was that women shouldn't be in university. She was once given a lecture by a prof who asked her point-blank "What are you doing here?" In the four years that she was there she had only three women profs.

Marion also has to deal with the discipline of writing exams and organizing study time. This is her most difficult task at this point because of her double role as mother and full time student. But she feels she is in a much better frame of mind. She is now not so willing to feed her profs "b.s." in order to get her degree.

Life is much easier now for Emily and Theresa in Visual Arts. Emily came back to school to receive more input into her art-work. She moved away from her family to attend UVic but she doesn't have to worry about money.

Theresa, wanted to go to art school when she was younger but could never afford it. She has now come back as a full time student after taking nightschool and working. Her son has grown up and left home and her husband says "it's your business," so she has no major conflicts to deal with.

When asked about age or social discrimination, Theresa replied, "I don't even think about it. It doesn't even occur to me." Emily says "Not generally speaking, but there are a few exceptions. I'm not complaining."

Both Emily and Theresa plan to have exhibitions of their works in the future.



Emily needs you

meetings — Friday, 1:30 p.m.
SUB, Room 106.

Feminist Journalism con't.

the pockets of both men and women and benefitting largely women (because of *The Emily*). I would suggest an overall study of the use of AMS funds in terms of what proportion of male and female students participate in, and benefit from, funds allotted to all clubs and activities. I think you will find that female students do not get more than their share.

The Emily: A particularly pervasive and rather disconcerting type of misinterpretation is aptly illustrated in a quote from one of the AMS Publications Committee members, a male, who said that *The Emily* "seems to be absolutely against men or having anything to do with them."

Dr. David: Being pro-female is not anti-male. It is not excluding males, it is creating a unique opportunity for women. When women acquire power, it does not follow that men need to lose it. This is their (men's) underlying fear. Women are not seeking power over anyone, but power within themselves. It has been my experience that often the critics of Women's Centres and Women's Studies have not dealt with their fear and/or hostility to women. Their arguments are not rationally based, but are rather rationalizations.

Staff Box



The Emily intends to produce a wide range of written material featuring news, features, poems, and stories from women's perspective. We will produce in a newspaper format, and be circulated through the *Martlet* monthly, making outreach and a larger audience possible.



As a feminist newspaper we hope to critique the inequities found on campus and the larger society, as they pertain to women. We hope to incorporate feminist ideals into production by working in a collective, non-hierarchical manner, as much as possible.

Women who work on *The Emily* are being trained to write, do layout, organize and work co-operatively.

Contributors this issue:

Carole Fast, Bernice Marcopulos, Charlotte Ostrowski, Nanny Porridge, Carol Romanow, Teresa Sankey, Judy Andrew, Kathryn Ogg, Joan Graves, Robin Rivers, Margaret Sharrock, Kim Balfour.

Layout design by Sage Sinats.



Calynder

Drop-in for *Single Parents*, 1:30 - 2:30 p.m. every Wednesday, Women's Centre, SUB Room 106.

MEET YOU AT THE BAY. Public Peace Gathering outside the Douglas Street entrance to Hudson Bay. Saturday, November 24, 1 p.m. Come as a clown: carry a placard urging shoppers not to select military toys or clothing as gifts for Christmas.

November 25
Journal Writing Workshop, 10 a.m. - 4 p.m. Call 383-1913

November 25
Dr. Helen Caldicott, University Centre Auditorium 7:30 p.m., tickets \$5.50 McPherson Theatre box office, Hillside Mall ticket centre and UVic box office (open 12:30 - 1:30)

November 28
At Last Women's Coffee House, 1923 Fernwood Singer/Guitarist Jan Gillanders. Doors open at 8:30 p.m.

November 28
National Association of Women in the Law present film — *All of our Lives*, 12:30 p.m., Begbie Building, Room 157. No Charge.

November 30
P.K. Page — Poetry Reading, 7:30 p.m., Multi-purpose Room, Central library

November 18 - 24
Ethiopia Week

December 1
First planning meeting for Women's Alternatives for Negotiating Peace 11 a.m. - 4 p.m. at Victoria YWCA, 880 Courtney Street, Victoria.

December 9
Children's Christmas Party, SUB Upper Lounge, 1:30 - 3:00 p.m. Donations of baked goods, energy or ideas are very welcome. Leave your name and phone number at The Women's Centre, SUB Room 106.

December 12 - 31
Women Artists in B.C. (1885 - 1985) Art Gallery of Greater Victoria, 1040 Moss Street, 384-4101

There will be a women's dance at Open Space Gallery, 510 Fort Street, 383-8833, in January. Time and Date to be announced.

The Womyn's Calynder is published monthly. Information regarding events of interest to womyn would be greatly appreciated. Write: *The Emily* SUB Room 106 P.O. Box 1700 Victoria, V8W 2Y2